



VBSC

The Virginia Baptist State Convention, Inc.

Membership Application

Name of Church _____

Address _____, City _____, State _____ Zip Code _____

() _____ () _____
Church Telephone Church Fax

Church Email _____ Church Website _____

Pastor _____ Address _____ City _____ State _____ Zip Code _____

() _____
Telephone

Church Secretary/Clerk _____ Address _____ City _____ State _____ Zip Code _____

() _____
Telephone

AFFILIATIONS

Mission Programs supported:

National

- _____
- _____
- _____

Local

- _____
- _____
- _____

Does your church participate in an Association? _____

If yes, which one? _____

STATISTICS

Present Membership: _____ Men _____ Women _____ Youth _____ Total

CONTACT PERSONS

Do you have a Women's Missionary Organization? _____

If so, please give the name of the President _____

Do you have a Men's Fellowship? _____

If so, please give the name the of President _____

Do you have a Youth Organization? _____

If so, please give the name of the President _____

Do you have a Board of Christian Education? _____

If so, please give the name of the Chairperson _____

Name of the Church School Superintendent _____

CHRISTIAN STEWARDSHIP (Method of Support)

BECOME A MACEDONIAN CHURCH: The aim of the VBSC is to be positioned to aid in the following areas: Christian and Ministry Education; Leadership in Social Justice endeavors; Home Missions and Disaster Relief and Foreign Missions Initiatives. Each church registering as a MACEDONIAN CHURCH will help in fulfilling organization sustainability as well as supporting our Convention objectives.

Pastor's Signature: _____

Chairman of Deacons: _____

Date: _____

